MED 41 (Rev. 07/02)



CERTIFICATION FOR USE OF BIOPTIC TELESCOPTIC LENS

FORM M	UST BE FILLED OUT	<i>COMPLET</i>	ELY					
Applicant's Fu	ll Name Last		First		Λ	Middle		Social Security Number
Residence/Home Address						City		
If you change either your residence/home address or mailing address to a non-Virginia address, your driver's license and/or photo identification (ID) card may be canceled.								
Mailing Address								
State	Zip Code Date		te of Birth		Telephone Number		Fax Nu	nmber
EYE CARE PRACTITIONER'S CERTIFICATION								
Make of Teles	Power	Power			Date Patient Received Lens			
 been fitted for a prescription spectacle mounted telescopic lens arrangement and has had this arrangement in his/or her possession for at least 60 days prior to the application date. clinically demonstrated the ability to locate stationary objects within the telescopic field within one to two seconds. clinically demonstrated the ability to locate a moving object in a large field of vision by anticipating further movement, so that by moving the head and eyes in a coordinated fashion is able to locate the moving object within the telescopic field within one to two seconds. clinically demonstrated the ability to remember what has been observed after a brief exposure, with the duration of the exposure progressively diminished to simulate reduced observation time while driving. experienced levels of illumination which may be encountered during inclement weather or when driving from daylight into areas of shadow or artificial light and the patient has clinically demonstrated the ability to successfully adjust to such changes. 								
 used the lens while walking for practical experience of motion while objects are changing position. Eye Care Practitioner's Name (Please print.) Telephone Number Fax Number 								
Eye Care Pra	.)			()		()		
Business Address			City				ate Zip Code	
Eye Care Practitioner's Signature			Professional Designation			Certification Date		Certification Date
APPLICANT'S CERTIFICATION								
I certify that I have been using the bioptic lens:								
daily for at least 60 days.								
while walking or riding a bicycle daily for at least 6 weeks.								
for spotting objects and identifying road signs successfully as a motor vehicle passenger for at least 6 weeks. The state of								
 to locate and identify objects within the telescopic field within one to two seconds. 								
Applicant's Signature						Certification Date		

Your Social Security number is not required; however, providing the number will help us to identify your record. This social security number is for DMV's record keeping and may only be released in accordance with Va. Code §46.2-208.